

39860

FILED JAN. 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u> Registrar's No. <u>1458</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>12 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>8117</u> d. STREET ADDRESS (If rural, give location) <u>2315 Francis</u>	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Grimit</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sent. 14, 1862</u>		9. AGE (in years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John E. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Grimit</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Goldie Minor</u>		18. ADDRESS <u>2315 Francis St. Joseph Mo</u>		19. MEDICAL CERTIFICATION	
19a. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
19b. DATE OF OPERATION		19c. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-9</u> , 19 <u>50</u> , to <u>12-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>50</u> , and that death occurred at <u>2:20</u> A. M., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold J. Brumley</u>		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>12-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Harold J. Brumley</u>		24f. ADDRESS <u>St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		(In Head Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Clinic

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed William Spalding

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.